Under the Paperwork Reduction And of 1895, fig persons are required to respond to a collection of hit median unless it displays a yallo ONB control number.

PATENT APPLICATION FEE DETERMINATION RESIDED. PATENT APPLICATION FEE DETERMINATION RESERVED Bubstitute for Form PTO-876 Application or Dooker Number APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$) FEE (\$) (87 OFR 1.16(a), (b); of (c)) . N/A RATE (\$) FEE (\$) N/A · . N/A SEARCH FEE N/A (87 OFR 1.16(N), (D), or (my) N/A N/A EXAMINATION FEE (87 OFR 1.16(0), (p), or (q)) N/A N/A NA N/A N/A TOTAL CLAIMS NA (97 CFR 1.16(1)) minus 20 = EB: = INDEPENDENT CLAIMS OR 50 (37 OFR 1.19(h)) minus 3 × 105 If the specification and drawings exceed 100 210 APPLICATION SIZE sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(J)) 185 370 If the difference in column 1 is less than zero, enter *0* in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN CLAIMS . SMALL ENTITY HIGHEST HUMBER SMALL ENTITY PRESENT AFTER RATE (\$) ADDI-TIONAL FEE (\$) PREVIOUSLY EXTRA RATE (\$) ADDI-MENDMENT PAID FOR TIONAL FEE (\$) total. Minus × 25 Independent OF OFR 1,16(N) ÖR x . 50 Minus Ū x 105 Application Size Fee (37 CFR 1.16(s)) 210 = ÖR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(f)) 185 340 OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER RATE (\$) ADDI-PREVIOUSLY RATE (\$) EXTRA ADDL AMENDMENT TIONAL PAID FOR TIONAL FEE (\$) Ó Total (37 OFR 1.160) FEE (\$) Minus Independent (37 OFR-1.1604) × 50 Minus OR x 105 Application Size Fee (37 CFR-1.16(s)) x 210 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM (87 OFR 1.16(0)) रहुड़ 390 OR If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

"If the Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This Highest Number Previously Paid For In This SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary deperiting upon the individual case. Any commente and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FREES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. TOTAL TOTAL ADD'L FEE

If you need assistance in completting the form, ball 1-800-PTO-9188 and select option 2.